Our child health programs focus on empowering frontline health workers to deliver preventative and curative care to address three of the major killers of children under 5: pneumonia, diarrhea and malaria. Trained and supported frontline health workers in the most-in-need communities and countries can often deliver lifesaving care such as immunizations, oral rehydration solution, zinc, antibiotics and malaria drugs, ultimately increasing access to and the quality of child health services. Frontline health workers enable families, communities and governments to be active partners in improving the health and survival of children.

Integrated Community Case Management

Integrated community case management (iCCM) is a broadly endorsed global strategy to reduce child mortality, in which a health system trains, supplies and supervises community health workers (CHWs) to manage sick children who have limited access to facility-based health services. Through iCCM, CHWs can deliver appropriate, lifesaving treatments closer to where children live. iCCM is “integrated” because it addresses multiple, potentially life-threatening, syndromes. By combining preventive and curative measures, each complementing the other, iCCM achieves better results for children. We support iCCM efforts in 19 countries, with our largest programs in Bangladesh, Ethiopia, Malawi, Mozambique, Pakistan and South Sudan.

In Ethiopia, we worked closely with the Ministry of Health to scale up iCCM in five regions covering a population of 13 million people, including an estimated 5.1 million children under 5. From 2010 to 2015, we, with partners, strengthened the capacity of more than 9,500 health extension workers (HEWs), health workers and supervisors in iCCM, the integrated management of neonatal and child illnesses and supervisory skills through in-service and pre-service trainings. Our

Key Facts

- 5.6 million children under 5 died in 2016 (WHO).
- While 86 percent of infants receive the recommended vaccinations for diphtheria, tetanus and pertussis, only 23 percent are immunized for rotavirus and 37 percent for pneumonia (WHO).
- The leading causes of death for children under 5 are preterm birth complications (18%), pneumonia (16%), intrapartum-related complications (12%), diarrhea (9%), and sepsis/meningitis (9%) (WHO).
- Malaria is responsible for 5 percent of under-5 deaths (UNICEF).

Our Impact

- In 2015, we supported the delivery of 8.4 million life-saving curative and preventative interventions for children under 5 in 36 countries.
- In Ethiopia, HEWs benefitting from our support treated nearly 121,000 cases of pneumonia, more than 190,000 cases of diarrhea, almost 11,000 cases of severe acute malnutrition and more than 68,000 cases of malaria.
program also helped to establish supportive supervision and program review and clinical mentoring mechanisms to ensure quality services.

Immunization

We work to reduce morbidity and mortality in children under 5 by making substantial contributions to improving routine immunization coverage and by supporting the rollout of pneumonia vaccines, sustainably and at scale, particularly in populations with the most unimmunized children. We improve immunization service delivery by supporting outreach services, increasing demand for immunization by mobilizing communities, training health workers and supplying essential cold chain equipment such as refrigerators and cold boxes.

Pneumonia Research

Our work under the Innovative Treatments in Pneumonia project in Malawi consists of two clinical trials and one prospective observational study. Working with 5,000 children 2-59 months of age, we seek to identify the optimal duration of antibiotic treatment and build evidence for appropriate and effective treatment of fast breathing and chest indrawing pneumonia in a low-resource, malaria-endemic setting. We are also conducting the multi-country Enhanced Management of Pneumonia in Communities study in Bangladesh and Malawi to assess an approach to community-level management of pneumonia. In addition, we are helping to evaluate the use of pulse oximetry (an easy, non-invasive method to measure oxygen levels in the blood) as part of an enhanced iCCM approach (as compared to standard iCCM) in children with pneumonia.

Malaria Control

In countries where malaria is endemic, we are scaling up proven, evidence-based interventions, such as improved case management, including the use of rapid diagnostic tests and combination drugs; the distribution of long-lasting insecticide treated bed nets; intermittent preventative treatment of malaria in pregnancy; and indoor spraying.

Digital Health

We apply and support the design and implementation of digital health – appropriate, health-related mobile technologies – to efficiently increase the quality and use of high-impact practices at scale for improved maternal, newborn, child and adolescent health and survival. Our focus is on phone and tablet applications to improve health worker performance and on messaging to improve links between community members and health facilities.

Program Highlights and Examples

We played an important role in the Global Polio Eradication Initiative (2012-2017) in Angola, Ethiopia, Nepal, Nigeria and South Sudan through the CORE Polio Partners.

Through USAID-funded and PATH-led MalariaCare (2012-2017), we provided technical assistance for community-based diagnostics and case management through CHWs and other frontline health workers, supported the development and revision of training packages and job aids and facilitated links with community groups and NGOs.

As the Global Fund prime recipient in Côte d’Ivoire, Myanmar and Nepal, our programs provide malaria prevention and treatment services, improving Ministry of Health and implementing partner capacity, behavior change communications, bed net distribution, indoor spraying and case management at the facility and community levels.

Through the USAID-funded and Abt-led ZAPIM project (2015-2020) in Zimbabwe, we provide technical assistance for community-based diagnostics and case management through CHWs, support the revision of training packages and job aids, facilitate linkages with community groups and NGOs and ensure that data are used for decision-making.

Child Health in Humanitarian Settings

During times of crisis, access to quality health services becomes increasingly limited or non-existent due to an increased burden on public health systems. Women and young children are particularly vulnerable in humanitarian settings. In the initial phase of an emergency, we collaborate with health systems and other partners to support existing health centers and establish mobile medical care and temporary health facilities to reach displaced or underserved populations. Our interventions include management of childhood illnesses and preventive interventions such as vaccinations and health/hygiene promotion.

Save the Children believes every child deserves a future. In the United States and around the world, we give children a healthy start in life, the opportunity to learn and protection from harm. We do whatever it takes for children - every day and in times of crisis - transforming their lives and the future we share.